

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

| | Excellent | Good | Average | Below Average | Poor | Not Applicable |
|---|-----------|------|---------|------------------|------|--------------------------|
| 1. How well did we answer your questions about the proposed transportation project? | 5 | 4 | 3 | 2 | 1 | <input type="checkbox"/> |
| 2. How well did we explain the need for your property and the process used to purchase your property? | 5 | 4 | 3 | 2 | 1 | <input type="checkbox"/> |
| 3. Was the Right-of-Way Agent informed and responsive to your questions? | 5 | 4 | 3 | 2 | 1 | <input type="checkbox"/> |
| 4. Was the Right-of-Way Agent courteous and professional? | 5 | 4 | 3 | 2 | 1 | <input type="checkbox"/> |
| 5. How would you rate the usefulness of the printed material provided by the Department? | 5 | 4 | 3 | 2 | 1 | <input type="checkbox"/> |

Comments: _____

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name: _____

Phone Number: () _____

DEPT. OF TRANSPORTATION
RIGHT-OF-WAY

APR 24 2008

To be completed by NHDOT Right-of-Way Agent

Project Number: Salem - 10418C Parcel Number: _____

RECEIVED